

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/735,203
	Filing Date	December 12, 2003
	First Named Inventor	Lawrence W. Cosenza
	Art Unit	1633
	Examiner Name	A. M. S. Wehbe
Total Number of Pages in This Submission	Attorney Docket Number	DSI-10402/22

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Sequence Listing Eight Prior Art References
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.	
Signature	/Avery N. Goldstein, Ph.D./	
Printed name	Avery N. Goldstein, Ph.D.	
Date	December 21, 2007	Reg. No. 39,204

AMENDMENT TRANSMITTAL LETTERDocket No.
DSI-10402/22Application No.
10/735,203Filing Date
December 12, 2003Examiner
A. M. S. WehbeArt Unit
1633

Applicant(s): Lawrence W. Cosenza

Invention: SACROMASTIGOPHORIC THERAPEUTIC AGENT DELIVERY SYSTEM

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	7	- 20 =	0	x	25.00	0.00
Independent Claims	2	- 3 =	0	x	105.00	0.00
Multiple Dependent Claims (check if applicable)				<input type="checkbox"/>		
Other fee (please specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 07-1180
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Avery N. Goldstein, Ph.D./

Dated: December 21, 2007

Avery N. Goldstein, Ph.D.

Attorney/Agent Reg. No.: 39,204

GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.

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Troy, Michigan 48007-7021

(248) 647-6000

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2008		Complete if Known		
		Application Number	10/735,203	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 12, 2003	
		First Named Inventor	Lawrence W. Cosenza	
		Examiner Name	A. M. S. Wehbe	
		Art Unit	1633	
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	Attorney Docket No.	DSI-10402/22

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Krass, Sprinkle,

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, **except for the filing fee**
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<u>7</u>	- 20 =	<u> </u>	x <u> </u> =	<u> </u>	<u> </u>	<u> </u>

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
<u>2</u>	- 3 =	<u> </u>	x <u> </u> =	<u> </u>

HP = highest number of Independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u>	- 100 =	<u> </u> /50 =	<u> </u> (round up to a whole number) x <u> </u> =	<u> </u>

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>2251 Extension for response within first month</u>	<u>60.00</u>

SUBMITTED BY

Signature	/Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent)	39,204	Telephone	(248) 647-6000
Name (Print/Type)	Avery N. Goldstein, Ph.D.	Date	December 21, 2007		